

What Procedure have you had?

Surgery

Date

☐ Diversion colostomy

☐ Anoplasty

☐ Colostomy closure

☐ Definitive reconstruction

☐ Cecostomy or appendicostomy

☐ Mitrofanoff or bladder reconstruction

☐ Vaginostomy (if indicated)

☐ Vaginal reconstruction (if indicated)

My Cloaca Team

Member

Name & Phone

My Nurse Coordinator is:

My Pediatric General Surgeon is:

My Pediatric Urologist is:

My Pediatric & Adolescent
Gynecologist (if indicated) is:

My Social Worker is:

Surgery Scheduling

832-822-3195

Colorectal & Pelvic Health Clinic

cph@texaschildrens.org

Cloaca Malformation

My Patient Passport



**Texas Children's
Hospital®**

Clinic Follow-Up				Multidisciplinary clinic		Multidisciplinary clinic	Bowel management clinic as needed and Multi-disciplinary clinic (yearly)	Multidisciplinary clinic	Multidisciplinary clinic (yearly)	Multidisciplinary clinic (yearly)	Begin transition to adult providers
Exam	Renal US / Pelvic US / Spinal US / Abdominal Film / Cardiac ECHO		Renal US	Exam under anesthesia, Genitogram		Renal/Pelvic Ultrasound, MRI if needed	Abdominal film for bowel management	Renal/Pelvic Ultrasound if needed	Puberty Assessment and repeat imaging	Renal/Pelvic Ultrasound if needed	Renal/Pelvic Ultrasound if needed
Surgery		EUA (including intra-op genitogram) Diversion Colostomy Vaginostomy (if indicated) Vesicostomy (if indicated)	None		Anoplasty or Definitive Reconstruction if medically cleared	Colostomy Closure	None	Antegrade flush (cecostomy or Malone appendicostomy) if needed Mitrofanoff or bladder reconstruction if needed	None	Vaginal Reconstruction (if indicated)	Vaginal Reconstruction (if indicated)
	Birth	Birth - 3 Days	3 Days - 3 Months	3 Months - 6 Months	6 Months - 12 Months	1 Year - 2 Years	2 Year - 4 Years	4 Year - 8 Years	8 Year - 12 Years	12 Year - 16 Years	16 Years +
	Define anatomy and associated anomalies				Surgical correction of anatomy		Optimize function (bowel, bladder, gynecologic)				